

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/673505** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52		/				
3	/						53	/	/				
4	/	/					54	/					
5	/						55		/				
6	/						56		/				
7	/						57	/					
8	/						58		/				
9		/					59		/				
10		①					60		/				
11	/						61		①				
12	/						62		2				
13	/						63		7				
14		/					64		3				
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19		/					69						
20		2					70						
21		①					71						
22		①					72						
23		2					73						
24		①					74						
25		①					75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31	/						81						
32	/						82						
33		/					83						
34		2					84						
35	/						85						
36	/	/					86						
37	/	/					87						
38	/	/					88						
39	/	/					89						
40		/					90						
41		/					91						
42		3					92						
43		3					93						
44		3					94						
45		①					95						
46	/	/					96						
47		/					97						
48		/					98						
49		/					99						
50	/						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	23	↓		↓		↓
TOTAL DEP.							TOTAL DEP.	58					
TOTAL CLAIMS							TOTAL CLAIMS	81					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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